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**** CONTINUING DATA *******
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 SWEDEN 0301410.7 05/14/2003

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****
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Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance Initials _____	STATE OR COUNTRY SWEDEN	SHEETS DRAWINGS 5	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 2
35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Verified and /JANELLE CLELIA BROWN/ Acknowledged Examiner's Signature _____					

ADDRESS

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TITLE

System and method for therapy and diagnosis comprising translatory distributor for distribution of radiation

FILING FEE RECEIVED
 1280

FEES: Authority has been given in Paper
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